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# The Effect Of Palliative Care To Alleviate The Suffering Of Patients In Health Facilities

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## Abstract:

*The aim of the study is to know what palliative treatment is to alleviate the suffering of patients, what type of diseases it treats to alleviate their suffering, identify the services provided to palliative treatment patients, what is the role of the Ministry of Health in palliative treatment of patients, what is the role of the World Health Organization in the issue of palliative treatment for patients. The questionnaire was designed via the Google Drive application, and distributed via the social networking application (WhatsApp), with full transparency to the targets of the research, who are Health practitioners, male and female, in Mecca, where 800 questionnaires were distributed to mobile groups according to the available circumstances, and it was obtained Responses to 700 questionnaires were obtained.*

***Keywords:*** *Effect, palliative treatment, alleviating patients' suffering.*

## Introduction:

Palliative care (1)(2) or palliative care (2) (in English: Palliative Care) is one of the fields of medical care that concentrate on alleviating and stopping the suffering that a patient's pain and it is a multidisciplinary medical care path that goal to develop the quality of life and alleviate suffering. Among people with serious and loop illness (3). There are many introductions of palliative care; Most notably, th[1]e World Health Organization describes palliative care as "a way that improves the quality of life of patients and their families' facing problems linked with life-threatening diseases, through block and alleviation of suffering through early recognition and flawless assessment." And treating pain and other physical, psychological, social and

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Nursing technician at primary health center in Al-hajj street[4]
Nursing technician at primary health center in Al-Mugrah[5]
Nursing technician at primary health center in Al-hajj street[6]
Nursing specialist at Mahayil Asir hospital - outpatient clinics[7]
Nursing technician at king Faisal complex – outpatient department in Taif [8]
Nursing technician at king Faisal complex- internal control and audit department in Taif[9]
Nursing technician at king Faisal complex- outpatient department in Taif[10]
Nursing technician at primary healthcare in Hada[11]
Nursing technician at primary healthcare in Hada[12]
Nursing technician at the primary healthcare center in Al-Kakiya[13]
Nursing specialist at Directorate of health affairs in Taif[14]
Anesthesia Specialist at king Abdulaziz specialized in Taif [15]
Nursing specialist at primary healthcare center in Al-Adel[16]

spiritual trouble" (4). In the past, palliative care was a disease-specific approach, but today the World Health Organization takes a broader path, which is that the principles of palliative care should be applied as soon as possible to any chronic and fatal disease. (5). Provides palliative medicine treatment of symptoms such as pain and shortness of breath, treatment of other medical problems according to the patient's condition, psychological and social backup for the patient and his family, urgent hospitalization or hospitalization, providing counseling to patients who are still undergoing treatment, home care, consoling and supporting the family after loss. The goals of palliative medicine are the following: alleviating the patient's physical and psychological suffering and improving the quality of life, allowing the patient to live in dignity, enabling the patient to rely on himself as much as possible, supporting the family psychologically and socially during the illness journey and after the patient's death, God forbid, serving the patient with a multidisciplinary team. Symptoms that can be improved with palliative care: pain, nausea or vomiting, anxiety or nervous tension, depression or sadness, constipation, breathing difficulty, Anorexia nervosa, fatigue, and sleep disorders. The palliative medicine team consists of family members, doctors, a nurse, a physical therapist, an occupational therapist, a health education specialist, a social worker, a clinical nutritionist, a clinical pharmacy specialist, a psychologist, case Manager. As for places where palliative care is provided: outpatient clinics, home health care, palliative care units, health hostels, and virtual clinics. It is dispensed throughout the Kingdom, especially in referral hospitals, in 21 palliative care units in each health cluster, and in some primary health care centers and private hospitals. The basics of providing palliative care include respect for the patient and patient safety, maintaining privacy, and empathy with the patient. As for the aims of the care provided: they are safety at home, and improving quality of life. As for the mechanism of access to palliative care services: move out through outpatient clinics or emergency departments in hospitals or from outside the Kingdom. The palliative medicine team esteems the case, and the treatment plan is made under the supervision of consultants and then speaks with the patient and his family. The treatment plan is agreed upon and the patient and his family are given the choice of the appropriate place for that stage, which includes the following options: go home with treatment and follow-up home palliative medicine, going home with treatment and follow-up palliative medicine in primary care centers, return to the health hostel, where he receives the required palliative care.
(6)

The World Health Organization rates that 40 million people need palliative care annually, and 78% of these live in low- and middle-income countries. 98% of children needing palliative care live in low- and middle-income countries, and nearly half of them are in Africa. Globally, a number of important barriers must be defeated in order to address unmet needs for palliative care: national health policies and systems often do not include palliative care at all. Training of health professionals in palliative care is often fixed or completely non-existent. Population access to opioids for pain relief is insufficient and does not meet the provisions of international conventions on access. major medicines. A 2019 WHO noncommunicable diseases survey of 194 Member States showed that funding for palliative care was obtainable in 68% of responding countries, and only 40% of countries account that services were available to at least half of the patients who were ill. Need it (7). Other barriers to palliative care include:
Misunderstanding by policymakers, health professionals, and the public of palliative care and the benefits it can bring to patients and health systems cultural and social barriers, such as beliefs about death and dying misconceptions about palliative care, such as the belief that it is only offered to cancer patients, or in the last weeks of a patient's life, misconceptions that improving access to opioid analgesics will carry to raised substance abuse. National health systems have a responsibility to merge palliative care into the continuum of care for people with chronic or life-threatening diseases and to link it to programs for prevention, early disclosure, and treatment of the disease. This includes, at a minimum, the following

components: Health policies and systems that integrate palliative care services into the structure and financing of national health care systems at all levels of care, Policies aimed at strengthening and expanding human resources, including those related to the training of existing health professionals, the integration of palliative care into the core curriculum of all new health professionals, as well as the education of volunteers and the public; A medication policy that guarantees the availability of essential medications for the management of symptoms, especially opioid analgesics used for the aim of relieving pain and respiratory distress.

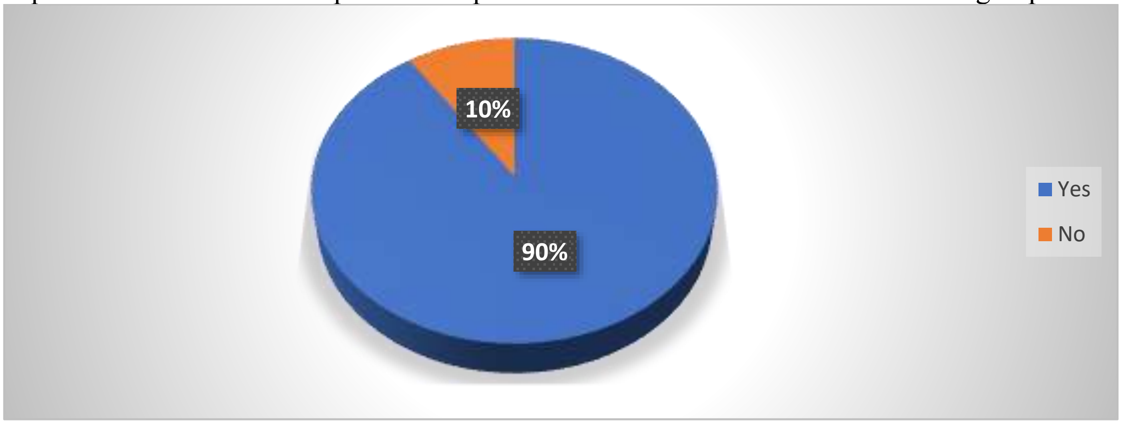
## 2-Material and Methods:

The study started in (the holy city of Mecca in Saudi Arabia), began writing the research and then recording the questionnaire in May 2023, and the study ended with data collection in October 2023. The researcher used the descriptive analytical approach that uses a quantitative or qualitative description of the social phenomenon (The effect of palliative treatment on alleviating patients' suffering). This kind of study is characterized by analysis, reason, objectivity, and reality, as it is concerned with individuals and societies, as it studies the variables and their effects on the health of the individual, society, and consumer, the spread of diseases and their relationship to demographic variables such as age, gender, nationality, and marital status. Status, occupation (8), And use the Excel 2010 Office suite histogram to arrange the results using: Frequency tables Percentages (9). A questionnaire is a remarkable and helpful tool for collecting a huge amount of data, however, researchers were not able to personally interview participants on the online survey, due to social distancing regulations at the time to prevent infection between participants and researchers and vice versa (not coronavirus participation completely disappearing from society). He only answered the questionnaire electronically, because the questionnaire consisted of thirteen questions, all of which were closed. The online approach has also been used to generate valid samples in similar studies in Saudi Arabia and elsewhere (10)

## 3- Results:

The percentage of approval to participate in the research questionnaire was 100%, and as for the ages of the participants, it was as follows: from the age of 25-34 years, their percentage was 4.8%, from 35-44 years, their percentage was 47.6%, from the age of 45-54 years, 33.3%, from the age of 55-60 years, their percentage 14.3%. As for the gender percentages of the participants, they were 66.7% male, 33.3% female, and all of them were 100% Saudi. As for their professions, they were as follows: administrative 15%, and technicians (all categories of technicians) 85%. As for their educational status, it was as follows: primary school 0%, holders of an intermediate certificate and doctorate degree 4.8%, secondary school certificate 0%, diploma certificate 23.8%, university degree 57.1%, master’s degree 9.5%. When moving to the questionnaire questions, the results were as follows: The first question: What is the meaning of palliative care? As for the answers, they were: alleviating pain, alleviating pain, and by talking about patience and hostility to God, I don’t know, it is a type of health care that is provided to patients and those who care for them, treatment to alleviate a hopeless condition, care with kindness, compassion, and speech, providing service, and assistance. The second question: In your opinion, does palliative care for patients have the role of comforting and alleviating their suffering? The answer was 100% yes. As for the third question, in your opinion, do the palliative services provided to patients include patients with cancer, heart disease, chronic diseases, and others? Yes 100%. The fourth question: In your opinion, are there programs and resources available to support palliative care? Yes, 81%, and no, 19%. The fifth question: Are there palliative care services to alleviate the suffering of patients? Yes, 90.5% and no, 9.5%. Question Six: Does the consultation (palliative care) team visit patients to ask them about the symptoms they complain of and the treatments they are receiving? The percentage of yes was 90% and no was 10%. As for the seventh question: Are there obstacles to palliative care for patients? Yes 80% and no 20%. The eighth question: Is there training received by the palliative care team (workforce) in the field of nursing, especially those working with registered patients with serious illnesses, on palliative care skills? Yes, 75% and no, 23%. The ninth question: Is there a role for the World Health Organization in improving palliative care services because it is an element in countries' health systems? Yes, 70% and no, 30%. The last question: What are the services provided in the field of palliative care for patients? The answers were: treating symptoms such as pain and shortness of breath, treating other medical problems according to the patient's condition, urgent hospitalization or hospitalization, providing advice to patients still under treatment, home care, consoling and caring for families after loss, cancer patients, and nothing.(figure No.1)

Figure No.1: Opinions and attitudes of male and female health practitioners participating in the questionnaire about the importance of palliative treatment to alleviate the suffering of patients.



## 4-Discussion:

We conclude from this study that, Palliative care is important, as it relieves patients' pain and comforts their families in their affliction after the loss of their breadwinner or relative.

## Acknowledgment:

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